



**NON-PROVISIONAL  
UTILITY PATENT APPLICATION  
TRANSMITTAL - 37 CFR 1.53(b)**



Commissioner for Patents  
MAIL STOP: PATENT APPLICATION  
P.O. Box 1450  
Alexandria, VA 22313

Attorney Docket No. MED-0016  
First Named Inventor: SPOLIDORO  
Express Mail Label No.: EU942146505US  
Total Pages of Transmittal Form: 2

Transmitted herewith for filing is the **non-provisional** utility patent application entitled:

**Snap Tray for Medical Accessories**

which is:

an ☒ Original; or

a ☐ Continuation, ☐ Divisional, or ☐ Continuation-in-part (CIP) of prior Application No. \_\_\_\_\_, filed \_\_\_\_\_.

This non-provisional patent application is based on Provisional Patent Application No. 60/460,283, filed April 3, 2003.

Enclosed are:

- ☒ Specification (including Abstract) and claims: 12 pages.
- ☒ Newly executed Declaration
- ☐ Copy of Declaration from prior application.
- ☐ Separate Power of Attorney (including 37 CFR 3.73(b) statement, if applicable).
- ☒ 3 sheets of drawings (formal) plus one copy
- ☐ Microfiche computer program (Appendix).
- ☐ Under PTO-1595 cover sheet, an assignment of the invention.

**Assignee: Medical Components, Inc.  
1499 Delp Drive  
Harleysville, PA 19438**

☐ Certified copy of Application No. \_\_\_\_\_, filed, is filed:

☐ herewith or ☐ in prior application.

☐ Applicant(s) is/are claiming Small Entity Status under 37 CFR 1.27.

☐ Preliminary Amendment.

☐ Information Disclosure Statement, PTO-1449 (with cited references).

☐ Other:

The filing fee has been calculated as shown below:

			SMALL ENTITY			LARGE ENTITY	
CLAIMS	NO. FILED	NO. EXTRA	BASIC FEE: \$385.00			BASIC FEE: \$770.00	
Total	15 - 20 =	0	X 9	\$	OR	X 18	\$
Independent	2 - 3 =	0	X 43	\$	OR	X 86	\$
Multiple Dependent Claims Present			\$145	\$	OR	\$290	\$
			<b>TOTAL</b>	<b>\$</b>	<b>OR</b>	<b>TOTAL</b>	<b>\$ 770.00</b>

☒ The Commissioner is hereby authorized to charge filing fees or credit Deposit Account Number: 502434. One additional copy of this sheet is enclosed.

☐ A check for the above-calculated fee of \$\_\_\_\_.00 is enclosed.

☒ Any additional fees required under 37 C.F.R. §1.16.

☒ Any additional fees required under 37 C.F.R. §1.17.

☒ If the filing of any paper during the prosecution of this application requires an extension of time in order for the paper to be timely filed, applicant(s) hereby petition(s) for the appropriate extension of time pursuant to 37 C.F.R. §1.136(a).

**CORRESPONDENCE ADDRESS:**

1 APRIL 2004  
Date

By:

  
**JOSEPH E. MAENNER**

Registration No. 41,964

Monte & McGraw, P.C.

P.O. Box 650

4092 Skippack Pike

Skippack, PA 19474

Tel: (610) 584-9400

Fax: (610) 584-9783

E-mail: jmaenner@montemcgraw.com

**Customer Number 33941**